

GEORGIA COMPOSITE BOARD OF
PROFESSIONAL COUNSELORS,
SOCIAL WORKERS AND
MARRIAGE AND FAMILY THERAPISTS

APPLICATION FOR
ASSOCIATE PROFESSIONAL COUNSELOR



Cathy Cox
Secretary of State

Mollie Fleeman
Division Director



Secretary of State
Professional Licensing Boards Division
237 Coliseum Drive
Macon, Georgia 31217-3858
(478) 207-1300

Cathy Cox
SECRETARY OF STATE
www.sos.state.ga.us

Mollie L. Fleeman
DIVISION DIRECTOR
Professional Licensing Boards
478-207-1670**478-207-1676 Fax

Dear Associate and/or Licensed Professional Counselor Applicant:

It is with great pleasure that we provide you with application information about ALPC/LPC licensure requirements for practice in Georgia. If you have questions after careful review of the information, we invite you to give the office a call at 478-207-1670. Georgia is a wonderful state in which to live and work and we wish you great success as you make your career plans.

Because of the tremendous volume of applications received in our office, it takes approximately four to six weeks from the date the application is received by the Professional Licensing Boards for the applications specialist to review the contents of the application. In order to ensure fairness to all applicants involved, the applications are reviewed ***in the order received without exception.***

In addition, the Composite Board of Professional Counselors, Social Workers and Marriage and Family Therapists actually invest the time to *personally* review each application. The Board only meets one day each month and therefore, it is vital that you submit a **complete and accurate application along with all required supporting documents.**

Review and approval of applications is only one of the Board's responsibilities. The Board frequently has several licensees scheduled for personal appearances or the Board attorney for consultation and legal advice on complex issues. The Board also has as a frequent agenda item, the review and discussion of new or revised Board rules. Many times the Board is given a limited timeframe to accomplish work requested by other state agencies or the Secretary of State, as well as requests from many others. Please keep this in mind as you make personal commitments for testing dates, interviews, or work assignments. It is a good rule of thumb to allow two Board meetings for review of your documents. Give yourself plenty of time to ensure you receive Board approval for testing or licensure at the time you need it.

Please also keep in mind that all applications and supporting documents can be downloaded from the web site, www.sos.state.ga.us/plb/counselors. One click is all it takes and your consistent use of the web site for needed documents means the applications specialists will have more time for processing of applications for Board review. The law and rules of the Composite Board are also available at the web site. If you need access to a computer you have excellent resources in your public libraries and libraries associated with schools and universities, as well as commercial copying establishments. Board staff is also available for questions and assistance and can be reached at 478-207-1670.

Sincerely,

Lee H. Tracy
Executive Director
Health and Consumer Services

****PLEASE REVIEW THESE INSTRUCTIONS BEFORE YOU PROCEED****

GEORGIA COMPOSITE BOARD OF PROFESSIONAL COUNSELORS,
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MARRIAGE AND FAMILY THERAPISTS
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www.sos.state.ga.us/plb/counselors

APPLICATION FOR ASSOCIATE PROFESSIONAL COUNSELOR LICENSURE
* * * GENERAL INSTRUCTIONS * * *

COMPLETE APPLICATION MATERIALS INCLUDE:

- ☐ General Instructions **NOTE: This is a 16-page document. Please be sure you have all pages.**
- ☐ Fee Schedule - **Application fees are non-refundable**
- ☐ Application for Associate Professional Counselor Licensure.
- ☐ Practicum/Internship Supervision Verification - Form A.
- ☐ Practicum/Internship - Missing or Deceased Supervisor Affidavit - Form B
- ☐ Personal Reference Form – Form D
- ☐ Post-Master's Directed Experience under Supervision Contract and Affidavit
- ☐ Georgia Laws/Rules may be obtained from our website www.sos.state.ga.us/plb/counselors

COMPLETE APPLICATIONS:

- The Board reviews only complete applications with all required information and application materials received by the deadline date.
- You are responsible for ensuring that your file is complete. There are no exceptions!
- The Board must have received all the supporting documents which you have listed or checked on your application that you are using to satisfy the licensure requirements, e.g. Practicum/Internship, transcripts, directed experience and supervision contract and affidavit.
- A file that is not complete will be closed one year from the date the application was received in the Board office.

COMPLETING FORMS

- Provide only requested information. If the Board requires additional information, you will be notified in writing.
- All forms must be typed or legibly printed, filled out completely and, when required, notarized.
- Use only the forms provided by the Board. If you photocopy a two-sided form, do not copy it as two separate pages.

APPLICANT FILE:

- The Board staff will open your file as soon as the first document is received in this office.
- Official transcripts must be sent directly to the Board office from the school.
- Student-issued transcripts are not acceptable.
- Ask the Registrar to provide you with a verification that the transcript has been sent.

- A resume or faxed application is not acceptable.

APPLICATIONS REVIEW:

- The Professional Counselors Standards Committee reviews applications and makes recommendations to the full Board.
- The Board generally meets only once a month to make final licensure determinations.
- You will be notified within 10 days, in writing, of the Board's decision.

DENIED/DISAPPROVED APPLICATIONS

- If your application is denied, you will receive a reason for the denial. Within sixty (60) days of the date of that letter, you may submit a written appeal of the Board's decision. You should enclose additional evidence [documentation] to support your qualifications, if you wish the Board to reconsider the denial of your application. You may request, in writing, to meet with the Board. If you do, an appointment will be scheduled.
- With or without you present, if the Board reviews your application again and denies it, the application file will be closed.
- If you do not petition the Board to re-evaluate your application within the 60-day period, your application file will be closed. Any subsequent request for licensure will require submission of a new application, documents and the required fee.

NAME(s): If some of your records are in different names, please notify the Board.

APPLICATION MATERIALS: **Except for your transcripts which must be sent directly from the academic institution(s) to the Board at the above address, all other forms, properly notarized and signed, should be included with your Application.** Note that certain forms must be placed in a sealed envelope with the appropriate signature over the envelope flap and returned to you for inclusion with your application materials.

DISABILITY ACCOMMODATION: If you have a disability and may require accommodation, you must contact the Board to obtain the form, "Request for Disability Guidelines." All application materials, including the information requested in the "Guidelines," must be received by the Board office by the application deadline.

VETERANS: If you have served on active duty in the Armed Forces, the Reserves or the National Guard during wartime or during any conflict when military personnel were committed by the President, you may be eligible for Veterans' Preference Points to be added to your examination scores. Submit a copy of your DD 214 form with your application.

YOUR COPY: Keep a complete copy of your application materials, except those under seal.

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FEE SCHEDULE

APPLICATION FEE FOR LICENSURE BY EXAMINATION

■ Licensed Professional Counselor [LPC] - \$100 APPLICATION - \$80 EXAMINATION FEE	\$180.00
■ Associate Licensed Professional Counselor [ALPC] - \$100 APPLICATION - \$80 EXAMINATION FEE	\$180.00
■ Licensed Master Social Worker [LMSW] - Application Fee	\$100.00
■ Clinical Social Worker [CSW] - Application Fee	\$100.00
■ Marriage and Family Therapist [MFT] – Application Fee	\$100.00
■ Upon approval by Board, make examination fee payable and mail to: “PES”.	\$295.00
■ Associate Marriage and Family Therapist [AMFT] – Application Fee	\$100.00
■ Upon approval by Board, make examination fee payable and mail to: “PES”	\$295.00

APPLICATION FEE WHERE EXAMINATION HAS BEEN TAKEN AND PASSED [EXAMINATION WAIVER]

■ This fee is for applicants who have passed the examination and will not re-take that examination [e.g., NBCC-Certified LPC and ALPC applicants, LAMFT applicants for MFT licensure, LMSW].	\$100.00
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APPLICATION FEE FOR LICENSURE BY ENDORSEMENT

■ This fee is for applicants who are licensed in other states who apply for Georgia licensure based upon that credential. (NOT APPLICABLE TO SOCIAL WORKERS)	\$100.00
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RE-EXAMINATION FEE

■ Licensed Professional Counselor	\$ 80.00
■ Marriage and Family Therapist – Paid directly to PES	\$295.00

BIENNIAL RENEWAL FEE

■ 2 year license; expires September 30 of even years.	\$100.00
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LATE RENEWAL FEE

■ Biennial renewal fee of \$100.00 and Surcharge of \$50.00 for late renewal between July 1 and December 31 of even year	\$150.00
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REINSTATEMENT FEE

	\$200.00
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APPLICATION FEE FOR INACTIVE STATUS

	NONE
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APPLICATION FEE FOR RE-ACTIVATION OF LICENSE

	\$150.00
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DECORATIVE WALL CERTIFICATE FEE

■ As of July 1, 2001, there will be an additional charge for a decorative Wall Certificate that is suitable for framing. Submit a separate cashier's check or money order made payable to the “Georgia Composite Board of PC, SW and MFT.” (NOTE: Assoc. Professional Counselors and Assoc. Marriage and Family Therapists are not eligible for wall certificates)	\$ 50.00
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LICENSURE VERIFICATION FEE

	\$ 25.00
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PRIOR APPROVAL PROVIDER APPLICATION FOR MFT COURSE (PER COURSE) COURSE RENEWAL FEE (PER COURSE)

	\$100.00
	\$ 50.00

DUPLICATE BIENNIAL LICENSE CARD FEE

■ For licensees who have lost, misplaced, or changed name since the issuance of the original biennial license	\$ 25.00
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NOTE:

- Please make all checks or money orders payable to the “Georgia Composite Board of PC, SW and MFT,” except as noted above for LMSW, CSW, AMFT and MFT applications.
- **Application fees are non-refundable. Checks returned for insufficient funds will be assessed a \$30 service charge pursuant to O.C.G.A. § 16-9-20.**
- Examination fees are refundable. Any request for a refund must be submitted in writing.
- Checks returned for insufficient funds will be assessed a \$25 penalty in accordance with O.C.G.A. §16-9-20.

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www.sos.state.ga.us/plb/counselors

APPLICATION FOR ASSOCIATE PROFESSIONAL COUNSELOR LICENSURE

INSTRUCTIONS: **NO FAXED FORMS ACCEPTED**

- Please type or print clearly.
- Refer to General Information.
- Attach Fee. Refer to Fee Schedule. **Application fees are non-refundable.**

PART I - PERSONAL INFORMATION

NAME: _____
First Last Middle Maiden

HOME ADDRESS: _____
Street (P.O. Box not acceptable) City State ZIP Code

BUSINESS ADDRESS: _____
Street City State Zip Code

PREFERRED MAILING ADDRESS: ☐ HOME ☐ BUSINESS

HOME PHONE: () _____ BUSINESS PHONE: () _____ FAX: () _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER _____
Month/Day/Year [Optional: For Identification, Law Enforcement, Statistical and Administrative Purposes]

PART II - POST-MASTER'S DIRECTED EXPERIENCE UNDER SUPERVISION

INSTRUCTIONS:

- The number of years of Post-Master's Directed Experience under Supervision required for licensure as a Professional Counselor **depends on the graduate degree that you hold**. See Board Rule 135-5-.02(b) 2.
 - Complete below.
- ☐ I have completed and am submitting as part of this Application the Post-Master's Directed Experience Under Supervision Contract and Affidavit
- ☐ I acknowledge that if I change work settings, contract terms or supervisors, I must request and receive approval from the Board by completing a new contract and submitting it to the Board for approval.

PART III - PROFESSIONAL BACKGROUND

PROFESSIONAL BACKGROUND: ANSWER "YES" OR "NO" TO THE FOLLOWING QUESTIONS. IF "YES," TO 1 THROUGH 9, ATTACH A DETAILED EXPLANATION.

- ☐ Yes ☐ No 1. Are you unable to practice safely as a result of use of alcohol or other drugs?
- ☐ Yes ☐ No 2. Have you been denied professional licensure or renewal because of a license disciplinary proceeding?
- ☐ Yes ☐ No 3. Have you ever had a license to practice social work, counseling, marriage and family

		therapy, or any other profession revoked, suspended or annulled or otherwise sanctioned, including by private order, by any board or agency in Georgia or any other state, territory, or country?
<input type="checkbox"/> Yes <input type="checkbox"/> No	4.	Have you been subject to disciplinary action or had your membership revoked by any professional organization?
<input type="checkbox"/> Yes <input type="checkbox"/> No	5.	Have you knowingly failed to renew a license during an investigation of a disciplinary matter against you?
<input type="checkbox"/> Yes <input type="checkbox"/> No	6.	To the best of your knowledge, is there any disciplinary action or investigation pending against you by any licensing board, agency, or professional organization?
<input type="checkbox"/> Yes <input type="checkbox"/> No	7.	Have you ever been convicted of any criminal offense?
<input type="checkbox"/> Yes <input type="checkbox"/> No	8.	Have you ever been arrested, charged or sentenced for the commission of a felony, misdemeanor (other than minor traffic or parking violations) or any crime of moral turpitude, including the entry of a plea of nolo contendere or a plea entered pursuant to the provisions of the "Georgia First Offenders Act"? You must respond, "yes" if you plead and completed probation as a First Offender. If yes, provide certified copies of the court disposition.
<input type="checkbox"/> Yes <input type="checkbox"/> No	9.	Have you been the defendant in a malpractice suit and either entered into a settlement agreement or paid court awarded expenses?
<input type="checkbox"/> Yes <input type="checkbox"/> No	10.	Do you now hold or have you ever held a license as a social worker in any jurisdiction? If "yes" complete the following: Jurisdiction _____ License No. _____ Date Issued _____ Expiration _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	11.	Have you previously applied for the same license for which you are currently applying? If "yes" name under which application was submitted: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	12.	Have you ever served on active duty in the Armed Forces, the Reserves or the National Guard during wartime or during any conflict when military personnel were committed by the President? If "Yes," you may be eligible for Veterans' Preference Points to be added to your examination score. Submit your DD214 Form to the Board office.

PART IV - GRADUATE EDUCATION

INSTRUCTIONS:

- Complete this part for the graduate degree that you want the Board to consider as part of this application.
- List any additional courses you want considered as part of this Application.
- Direct the Registrar of your institution(s) to send an official copy of your transcript directly to the Board office.

DEGREE

☐ Ph.D.
 ☐ Master's - Specialist
 ☐ Master's
 ☐ Master's - Rehabilitation Counseling

Date Awarded:

Program/Major:

Name of Institution:

Street Address:

City/State/Zip:

ADDITIONAL COURSEWORK

COURSE TITLE AND NUMBER	INSTITUTION

PART V - REQUIRED COURSEWORK

INSTRUCTIONS:

- List the titles and numbers of courses from your transcript(s) which satisfy the professional counseling content area requirements.
- This must be graduate level coursework from an accredited institution, **either as part of the degree program, or** as additional coursework completed **prior to, during or after the degree program** to demonstrate that the degree is **primarily counseling in content or in a program of applied psychology**.
- Have the Instructor of Record/Supervisor of your Practicum/Internship course complete Form A.
- See Board Rule Chapter 135-5-.02(b)

COUNSELING/PSYCHOTHERAPY THEORY

INSTITUTION	COURSE #	COURSE TITLE

COUNSELING OR APPLIED PSCHOLOGY PRACTICUM OR INTERNSHIP

SIX (6) OF THE FOLLOWING EIGHT (9) CONTENT AREAS

I - HUMAN GROWTH AND DEVELOPMENT

II - SOCIAL AND CULTURAL FOUNDATIONS OR CORE FOUNDATIONS

III - THE HELPING RELATIONSHIP OR ADVANCED PSYCHOTHERAPY/INTERVENTION THEORY		
IV - GROUP DYNAMICS AND GROUP COUNSELING/PSYCHOTHERAPY		
VI - LIFESTYLE AND CAREER DEVELOPMENT		
VI - APPRAISAL/ASSESSMENT OF INDIVIDUALS		
VII - RESEARCH METHODS AND EVALUATION OR RESEARCH STATISTICS		
VIII - PROFESSIONAL ORIENTATION		
IX - PSYCHOPATHOLOGY		
PART VI - OATH		
<p>I, the undersigned Applicant, do hereby affirm under penalty of perjury that all statements made and information contained in this Application are true and correct to the best of my knowledge and belief. I acknowledge that I may be required to furnish additional information promptly in order for this Application to be processed.</p> <p>_____</p> <p>DateSignature of Applicant</p> <p>Sworn and subscribed to before me this ____ day of _____, _____.</p> <p>_____ Notary Public My Commission Expires: _____</p> <p style="text-align: right;">NOTARY SEAL</p>		

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www.sos.state.ga.us/plb/counselors

PROFESSIONAL COUNSELOR
PRACTICUM/INTERNSHIP SUPERVISION VERIFICATION — FORM A

INSTRUCTIONS: Please type or print clearly. **NO FAXED FORMS ACCEPTED**

APPLICANTS:

- Complete Part I and submit to your Practicum/Internship Supervisor. See Board Rule Chapter 135-5-.02(a)5.
- If you have more than one practicum or internship, submit a form for each. You may photocopy this form.

PRACTICUM/INTERNSHIP SUPERVISOR:

Complete Part II, noting requirements. Please enclose this form in a sealed envelope. Sign your name over the flap and then either mail it to the applicant or send it directly to the Board office. Fax copies are not acceptable.

The Practicum/Internship must:

- Be part of the master's degree program, ■ Be in Professional Counseling or in Applied Psychology before January 1, 2004
- Include a minimum of 300 hours in the practice of counseling under supervision.

The Practicum/Internship Supervisor must:

- **Be the Instructor of Record at the college or university or the Site Supervisor; and**
- Be licensed — as a Professional Counselor, Clinical Social Worker, Marriage and Family Therapist, Psychologist, Psychiatrist — or be a Certified Rehabilitation Counselor. See Board Rule Chapter 135-5-1(a) 5 for further details.

PART I - APPLICANT

NAME:

SOCIAL SECURITY NUMBER:

PART II — SUPERVISOR

NAME:

ADDRESS:

Street

City

State

Zip Code

TELEPHONE: ()

FAX: ()

TYPE OF LICENSE:

☐ Professional Counselor

☐ Clinical Social Worker

☐ Marriage and Family Therapist

☐ Psychologist

☐ Psychiatrist

☐ Certified Rehabilitation Counselor

LICENSE #:

STATE:

DATE ISSUED:

EXP. DATE:

CERTIFICATION OF SUPERVISION:

I hereby certify that I supervised the Internship/Practicum of the above-named applicant who practiced Professional Counseling work at:

NAME OF PRACTICUM/INTERNSHIP SITE: _____

FROM: _____ TO _____ FOR A TOTAL OF _____ HOURS.

MONTH/YEAR

MONTH/YEAR

HOURS

DESCRIBE THE PRACTICE SUPERVISED: _____

VERIFICATION: I attest that I provided the supervision described above and that this is a true and accurate representation of this supervision.

Date

Signature of Supervisor/Instructor of Record

Sworn to and subscribed before me this

_____ day of _____, _____.

Notary Public

My Commission Expires:

NOTARY SEAL

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PROFESSIONAL COUNSELOR
PRACTICUM/INTERNSHIP - MISSING OR DECEASED SUPERVISOR AFFIDAVIT
FORM B

INSTRUCTIONS: Please type or print clearly. **NO FAXED FORMS ACCEPTED**

APPLICANTS:

- Make every effort to locate the supervisor(s)/instructor of record as necessary to document the required Practicum/Internship Experience.
- You may show your diligence with returned mail, copies of letters, verifications from your academic institution, etc.
- If, however, after a diligent search you are unable to locate the supervisor(s), you may attest to undocumented supervision of practicum/internship by taking the Oath below.
- The Board may require additional information upon review.

OATH

Under penalty of perjury, as provided in the Official Code of Georgia Annotated, I hereby aver and swear that I was unsuccessful, after I made a diligent effort, to locate:

Name of Supervisor: _____

who served as my Practicum/Internship Supervisor in the practice of Professional Counseling

during the period of : _____ to _____
Month/Year Month/Year

and during that period he/she was licensed as a:

- ☐ Professional Counselor
- ☐ Clinical Social Worker
- ☐ Marriage and Family Therapist
- ☐ Psychologist
- ☐ Psychiatrist
- ☐ Certified Rehabilitation Counselor

License Number: _____ In the State of : _____

I have attached copies of letters and/or returned mail that demonstrates my attempt/s to reach this supervisor.

Date

Signature of Applicant

Sworn to and subscribed before me this
_____ day of _____, _____.

Notary Public
My Commission Expires:

NOTARY SEAL

www.sos.state.ga.us/plb/counselors

INSTRUCTIONS: NO FAXED FORMS ACCEPTED.

- PART I - APPLICANT

PART II - REFERENCE

Address: _____

Other Phone: ()

Dates of Teaching/Supervisory Relationship: FROM: _____ TO: _____
Month/Day/Year Month/Day/Year

Address: _____

[Please write any comments that would assist the Board in making a decision on this Applicant for licensure.]

Signature of Reference

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POST-MASTER'S EXPERIENCE UNDER DIRECTION AND SUPERVISION
CONTRACT AFFIDAVIT

INSTRUCTIONS: NO FAXED FORMS ACCEPTED.

- The purpose of this Contract Affidavit is to define the employment relationship for the purpose of acquiring the required post-master's experience under the direction and supervision that will be applicable for licensure pursuant to O.C.G.A. § 43-10A et seq.
- For the specific definitions of terms pertaining to specific licenses, see the Rules of the Composite Board of Professional Counselors, Social Workers and Marriage and Family Therapists (Chapter 135-5).
- In addition to the above, all contractual parties are required to adhere to all local, state and federal laws and regulations pertaining to all aspects of this contractual agreement whether written or implied. This includes, but is not limited to, the payment of local, state and federal taxes, minimum wage guidelines, assessment and collection of fees, insurance reimbursement claims, etc.
- Independent private practice or practice under O.C.G.A. § 43-10A-7, sections (9), (10), (13), (14), (15), (16) or (17) is **not** acceptable as "employment" for the purposes of obtaining directed experience under supervision.
- **NOTE: You must complete a separate Contract Affidavit for each directed experience site and /or supervisor.**
- **YOU MUST COMPLETE AND SUBMIT ALL 4 PAGES OF THIS FORM IN ITS ENTIRETY.**

PART I — APPLICANT
*** TO BE COMPLETED BY THE APPLICANT ***

NAME:

Last

First

Other[Middle/Maiden]

ADDRESS:

Street

City

State

Zip

HOME TELEPHONE: ()

OFFICE TELEPHONE: ()

SOCIAL SECURITY NUMBER:

[Optional: For Identification, Law Enforcement, Statistical and Administrative Purposes]

LICENSE APPLIED FOR: ☐ LAPC ☐ LPC ☐ LMSW ☐ LCSW ☐ LAMFT ☐ LMFT

EDUCATION

DEGREE EARNED: ☐ Master's ☐ Master's Specialist ☐ Doctorate: ☐ Ph.D. ☐ Ed.D.

ADDITIONAL COURSEWORK (Attach additional sheets, if necessary)

1. _____
Course Title College/University

2. _____
Course Title College/University

PRACTICUM/INTERNSHIP

Did you complete a Practicum/Internship as part of your degree program? ☐ Yes ☐ No

If "Yes," Name of Site: _____

Start Date: _____ End Date: _____

Name of Practicum/Internship Supervisor who was Instructor of Record for the course: _____

LICENSED AS: ☐ LPC ☐ LCSW ☐ LMFT ☐ Psychologist ☐ Psychiatrist

VERIFICATION

I attest that I have read and understand O.C.G.A. Title 43, Chapter 10A, and Chapter 135 of the Board's Rules and I agree to comply completely with all laws of the State of Georgia and the Rules of the Composite Board governing the practice of any specialty licensed by the Board. Furthermore, I understand that I may not practice without appropriate direction and supervision until licensed by the Board, nor engage in independent private practice or practice under O.C.G.A. § 43-10A-7 (9), (10), (11), (14), (15), (16) or (17) while obtaining the required experience for licensure.

Date

Signature of Applicant

PART II - DIRECTED EXPERIENCE
***** TO BE COMPLETED BY THE DIRECTOR *****

INSTRUCTIONS:

- The purpose of DIRECTION is to provide ongoing administrative oversight by an employer or superior in the practitioner's area of specialty.
- The Director is responsible for assuring the quality of the services provided and ensuring that qualified clinical supervision or intervention occurs in situations that require expertise beyond that of the employee.
- The Director must be located on-site and is specifically responsible for ensuring regularly-scheduled reviews of employee compliance with the Rules of the Georgia Composite Board of Professional Counselors, Social Workers and Marriage and Family Therapists (Chapter 135) and all relevant federal, state, and local laws and regulations.
- **NOTE: Director and applicant (employee) must describe the content of the training experience and complete Part IV, Plan for Direction Section, on page 4.**

DIRECTOR

NAME:

TITLE/POSITION:

IF APPLICABLE: ☐ LPC ☐ LCSW ☐ LMFT ☐ Psychologist ☐ Psychiatrist
Date License Issued: Expires: State: Highest Earned Degree:

HOME TELEPHONE: ())

OFFICE TELEPHONE: ())

EMPLOYMENT SITE

NAME OF EMPLOYMENT SITE:

ADDRESS:

Street City State Zip

OTHER PROFESSIONAL STAFF AT EMPLOYMENT SITE (Attach a separate sheet, if necessary):

1.	_____	_____	_____	_____
	Name	Degree	License (If Applicable)	Job Title
2.	_____	_____	_____	_____
	Name	Degree	License (If Applicable)	Job Title
3.	_____	_____	_____	_____
	Name	Degree	License (If Applicable)	Job Title
4.	_____	_____	_____	_____
	Name	Degree	License (If Applicable)	Job Title
5.	_____	_____	_____	_____
	Name	Degree	License (If Applicable)	Job Title

AFFIDAVIT AND SIGNATURES

I attest that I have read and understand O.C.G.A. Title 43, Chapter 10A and the Rules of the Board and I agree to comply completely with all laws of the State of Georgia and Rules of the Composite Board governing the practice of any specialty licensed by the Board. Furthermore, I understand that this individual may not practice without appropriate direction and supervision until licensed by the Board, nor engage in independent private practice, or practice under O.C.G.A. § 43-10A-7, Sections (9), (10), (11), (13), (14), (15), (16), or (17) while obtaining the required experience for licensure.

I do hereby affirm under penalty of perjury that all statements made and information contained above are true and correct to the best of my knowledge and belief. Further, I hereby authorize the release of any information relating to information contained in this form that may be necessary to verify the accuracy of the information contained herein.

Signature of Applicant (Employee) Printed Name Date

Signature of Director Printed Name Date

Subscribed and sworn before me this _____
day of _____, _____.

My Commission Expires: _____

NOTARY SEAL

PART III — SUPERVISION

* * * TO BE COMPLETED BY THE SUPERVISOR * * *

INSTRUCTIONS:

- "SUPERVISION" is the direct clinical review, for the purposes of training or teaching, by a supervisor of interaction with a client/s in order to promote the development of clinical skills. It may include, but is not limited to, the review of case presentations, audiotapes, videotapes, and direct observation.
- The supervisor assumes complete clinical responsibility for all clients.
- The supervisor **does not** have to be located on-site.
- IMPORTANT: The requirements to be eligible to serve as a supervisor differ for Professional Counseling, Social Work and Marriage and Family Therapy. The number of hours and type (individual and/or group) of supervision is also specific to each license. See Chapter 135-5, Rules of the Composite Board of Professional Counselors, Social Workers and Marriage and Therapists for the precise requirements.
- NOTE: SUPERVISOR and APPLICANT (Employee) must complete PART V, Plan for Supervision, on page 4.

SUPERVISOR

NAME OF SUPERVISOR:

TITLE/POSITION:

IF APPLICABLE: ☐ LPC ☐ LCSW ☐ LMFT ☐ Psychologist ☐ Psychiatrist
 Date License Issued: Expires: State: Highest Earned Degree:

HOME TELEPHONE: ()

OFFICE TELEPHONE: ()

SUPERVISOR'S EMPLOYMENT SITE:

ADDRESS:

Street City State Zip

Do you have any current or prior relationship with the applicant/employee? ☐ No ☐ Yes If "Yes," please explain:

MFT SUPERVISORS ONLY:

1. Do you intend to supervise this applicant for licensure as a Marriage and Family Therapist or Associate Marriage and Family Therapist? ☐ Yes ☐ No
2. If "Yes," have you obtained one of the following required designations?
☐ Board Approved MFT Supervisor ☐ AAMFT Approved Supervisor
 Supervisor's Name: _____
 See Board Rule 135-5-.06 for specific information.

AFFIDAVIT AND SIGNATURES

I attest that I have read and understand my responsibilities as a supervisor under O.C.G.A. § 43, Chapter 10A and the Rules of the Board and that I will assure complete compliance with all laws of the State of Georgia and the Rules of the Composite Board governing the practice of any specialty licensed by the Board. In addition, I assume full responsibility for all aspects of the clinical services provided by this individual. Furthermore, I have reviewed this Contract Affidavit and will ensure that this individual will not practice without appropriate direction, nor engage in independent private practice, or practice under O.C.G.A. §43-10A-7, Sections (9), (10), (11), (13), (14), (15), (16), or (17) while obtaining the required experience for licensure.

I do hereby affirm under penalty of perjury that all statements made and information contained above are true and correct to the best of my knowledge and belief. Further, I hereby authorize the release of any information relating to information contained in this form that may be necessary to verify the accuracy of the information contained herein.

Signature of Applicant (Employee) Printed Name Date

Signature of Supervisor Printed Name Date

Subscribed and sworn before me this _____
 day of _____, _____.

My Commission Expires: _____

NOTARY SEAL

PART IV — TRAINING EXPERIENCE AND PLAN FOR DIRECTION

INSTRUCTIONS:

- To be completed by the director and applicant (employee). Use additional sheets, if necessary.
- Describe in detail below the content of the training experience and the specific plan for “Direction.”
- The plan must include, but is not limited to: 1) A description of the nature of the services being provided to the public; 2) the wages, salaries or other monetary considerations; and 3) a description of and declaration that both the direction and supervision occur on a regular basis.

PLAN FOR DIRECTION:

Signature of Director

Date

Signature of Applicant (Employee)

PART V — PLAN FOR SUPERVISION

INSTRUCTIONS:

- To be completed by the director and applicant (employee). Use additional sheets, if necessary.
- Describe the specific “Supervision Plan” for this applicant (supervisee).
- “Supervision” means the direct, i.e., face-to-face, clinical review for the purpose of training, teaching, and promoting the development of clinical skill by a supervisor of a supervisee’s interaction with a client/s. Supervision may include, but is not limited to, the review of case presentations, audio tapes, video tapes, and direct observations.
- **CONTRACT/AFFIDAVIT MUST SPECIFY THE NUMBER OF HOURS PER WEEK TO MEET THE 30 MINIMUM HOURS PER YEAR.**

PLAN FOR SUPERVISION

Signature of Supervisor

Date

Signature of Applicant (Employee)

DATE APPROVED BY BOARD:

STANDARDS COMMITTEE: ☐ PC ☐ SW ☐ MFT

Standards Committee Member

Standards Committee Member

Standards Committee Member